

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10-617-950
APPLICANT(S)

FILING DATE 67-12-03

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		1				
11		1				
12		1				
13		1				
14		2				
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21		2				
22	1					
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48		1				
49		1				
50		1				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						
51		1				
52		1				
53		1				
54		1				
55		1				
56	1					
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58		1				
59		1				
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						